Family Planning Billing Example: UB-04

Page updated: September 2020

The examples in this section are to assist providers in billing for family planning services on the *UB-04* claim. Refer to the *Family Planning* section of this manual for detailed policy information. Refer to *the UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following examples. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

Billing Tips: When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If the requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ by 11-inch sheet of paper and attach it to the claim.

Other Contraceptives Supplies

Figure 1. Billing for HCPCS code A4269U1 (contraceptive supply, spermicide [e.g., foam, gel], each).

This is a sample only. Adapt to your billing situation accordingly.

In this example, a woman meets with her physician to discuss family planning and the physician dispenses a contraceptive foam kit and 12 condoms to the recipient. Enter code A4269 (contraceptive supplies) and appropriate modifier U1–U4 in the *HCPCS/Rate* field (Box 44).

Code A4269 requires documentation of the item(s), quantity and "at cost" expense of the items in the *Remarks* field (Box 80) and should be listed as follows:

Foam Kit @ \$6.00 + 12 Condoms @ \$.16 = \$7.92

In the Service Date field (Box 45), enter the date of the office visit in the six-digit format.

Enter an appropriate ICD-10-CM code in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

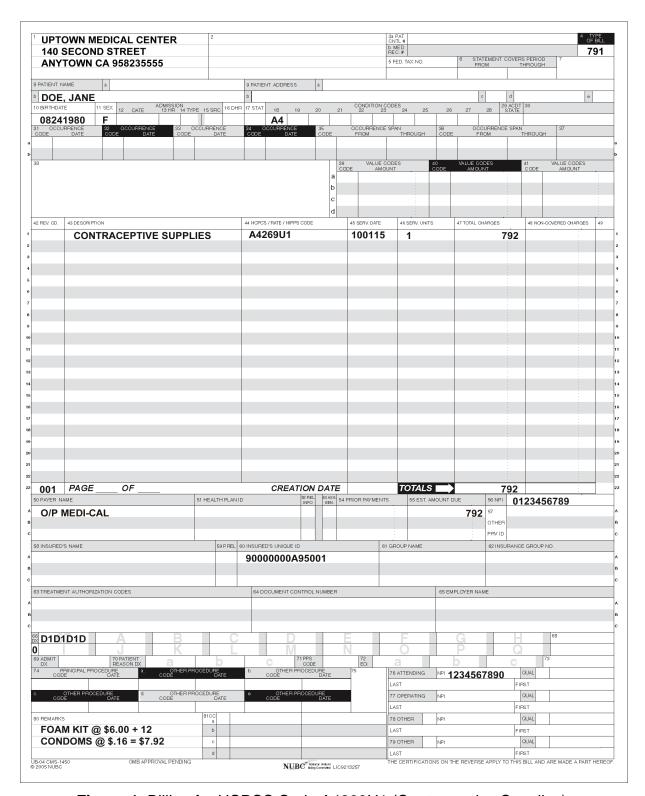


Figure 1: Billing for HCPCS Code A4269U1 (Contraceptive Supplies).

Figure 2. Billing for HCPCS code A4266 (diaphragm, [wide seal]), with A4269 (contraceptive supply, [e.g., foam, gel], each).

This is a sample only. Providers should adapt to their billing situations accordingly.

In this example, a woman meets with her physician to discuss family planning and the physician dispenses a contraceptive diaphragm (wide seal), foam kit and 20 condoms to the recipient. Enter code A4266 diaphragm for contraceptive use), A4269 (contraceptive supply, spermicide, each) and appropriate modifier U1 thru U4 in the HCPCS/Rate field (Box 44).

Codes A4266 and A4269 require documentation of the item(s), quantity, "at cost" expense of the items, and clinic dispensing fee if applicable in the *Remarks* field (Box 80) and should be listed as follows:

- Diaphragm (wide seal) @ \$43.05 x 1 = \$43.05 + CDF 4.30 = \$47.35
- Gel/Jelly/Foam/Cream @ \$.21 x 30 gm = \$6.30 + CDF .63 = \$6.93
- Male Condoms @ \$.28 x 20 = \$5.60 + CDF .56 = \$6.16

In the Service Date field (Box 45), enter the date of the office visit in the six-digit format.

Enter an appropriate ICD-10-CM diagnosis code in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

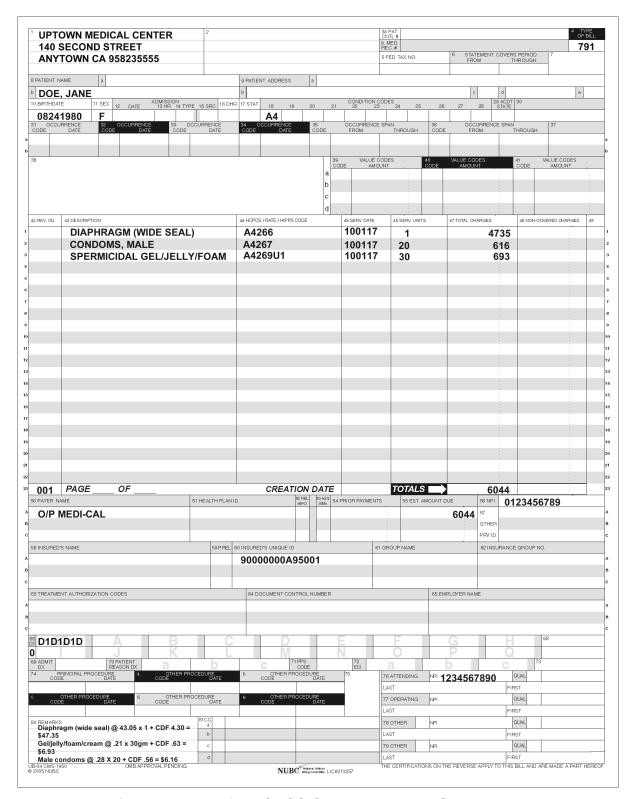


Figure 2: Billing for HCPCS Code A4266 with Code A4269

Intrauterine Copper Contraceptive

Figure 3. Billing for HCPCS code J7300 (Intrauterine copper contraceptive).

This is a sample only. Adapt to your billing situation accordingly.

In this example, a pregnant woman had met with her physician during a prenatal visit (prior to labor and delivery). She discussed her family planning needs subsequent to the birth of her child. The physician recommended placement of the intrauterine copper contraceptive (IUC), ParaGard, in the hospital immediately following labor and delivery. The physician places the IUC after delivery. Enter code J7300 in the HCPCS/Rate field (Box 44).

Enter the two-digit facility type code "13" (Hospital – Outpatient) and one-character claim frequency code "1" as "131" in the *Type of Bill* field (Box 4). Do not bill the IUD on an inpatient claim. The claim will be denied.

Enter revenue code "0250" (Pharmacy, general) or ancillary code "0636" (Drugs requiring detailed coding) in the *Revenue Code* field (Box 42). Providers may use either code when billing placement of an IUC.

In the Service Date field (Box 45), enter the date of the IUC placement in the six-digit format. Enter the charges in the Total Charges field (Box 47, line 23).

Enter "O/P MEDI-CAL" to indicate the type of claim and payer in the *Payer Name* field (Box 50).

Enter the appropriate primary and secondary ICD-10-CM codes in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

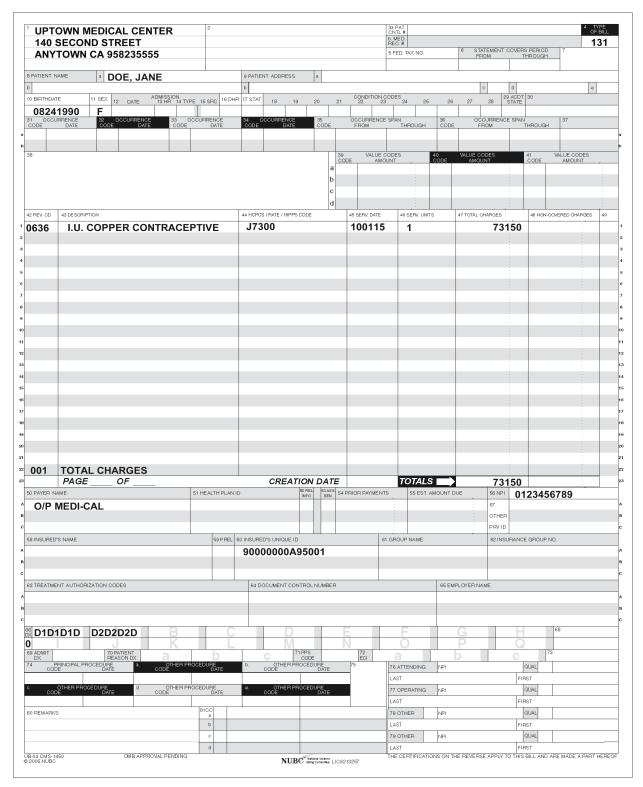


Figure 3: Billing for HCPCS Code J7300 (Intrauterine Copper Contraceptive).

Miscellaneous Drugs

Figure 4. Billing for HCPCS code S5000 (prescription drug, generic) or S5001 (prescription drug, brand name).

This is a sample only. Adapt to your billing situation accordingly.

In this example, a client has an initial family planning visit at a community clinic, including a pregnancy test. The pregnancy test was negative. A urine dipstick is performed for dysuria. The client receives counseling about all contraceptive methods. The clinician dispenses oral contraceptives as a main method of family planning, with condoms as a back-up method, and Ciprofloxacin tablets for a presumptive UTI.

In this case, the client is prescribed oral contraceptives for the first time and has symptoms necessitating treatment for a UTI.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
	PREGNANCY TEST	81025	100118	1	10 00	:	
	UA DIPSTICK W/OUT MICROSCOPY	81002	100118	1	8 00		
	N400062190115UN000013000	S4993	100118	13	156 00		
	N101234567891UN000001000	S5000	100118	1	5 28		
	MALE CONDOMS	A4267	100118	35	10 78		
	PAGE OF	CREATION DATE		TOTALS	190 06		

Figure 4: Billing for HCPCS Code S5000 (Prescription Drug, Generic) or S5001 (Prescription Drug, Brand Name).

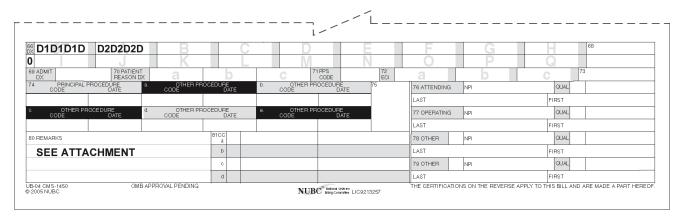


Figure 5: Documentation for oral contraceptives and male condoms are included as an attachment and "See attachment" is written in the Remarks field (box 80)>>

As indicated in the *Remarks* field (Box 80) above, on an 8½ by 11-inch sheet of paper, document the following and attach to the claim:

- L3: Norgestimate and Ethinyl Estradiol 13 Packs @ \$12.00 = \$156.00
- L4: Ciprofloxacin #6 250 MG @ \$.38 = \$2.28 + CDF \$3.00 = \$5.28
- L5: Male Condoms #35 @ \$.28 = \$9.80 + CDF \$.98 = \$10.78

«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
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